



MEMBER REGISTRATION

Name	(Surname, First Name, Initial)		
Date of Birth	(Month, Day, Year)	Gender Male / Female	
Address	(Street, City, Postal Code)		
Phone #'s			
School		Grade	
Does the athlete have any medical conditions? (if yes, complete WPC -Athlete Medical Information)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

The Regina Water Polo Association's primary form of communication is through email. Email is used for information regarding program scheduling/cancellations and billing. Please indicate the primary email address that you wish to receive email correspondence for or indicate if you do not have an email address. If you do not have an email address a phone number for contact is required. **No Email Address**

E-mail's	
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Parent/Guardian/Emergency Contact (information required only if different from above)

Primary Contact Name	(Surname, First Name, Initial)		
Phone #'s			
E-mail's			
Interests/Skills/ Occupation/ Experience		Interested in Information on Volunteer Positions: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Secondary Contact Name	(Surname, First Name, Initial)		
Phone #'s			
E-mail's			
Interests/Skills/ Occupation/ Experience		Interested in Information on Volunteer Positions: Yes <input type="checkbox"/> No <input type="checkbox"/>	